

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| | AS | | 05/03/00 |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 19 | 59 00 |
| FORMALITY REVIEW | DW | 72346 | 7-6-a |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|----------------|---------|
| Final Original | |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
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Best Available

If more than 150 claims or 10 actions
staple additional sheet here

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Best Available